

THE AMERICAN INSTITUTE SCIENCE LABORATORY - 310 Fifth Ave. - New York City

APPLICATION FOR LABORATORY PRIVILEGE

Date _____

Name Seymour Ledenberg Age 13 Date of Birth 10/30/28 Birth-place New York
Address 1086 E. 180 St. Borough Bronx Tel. Ta. 9-6248
Father's Name Zwi Ledenberg Birthplace Palestine Occupation Clergyman
Mother's Name Ether Birthplace Palestine Occupation Housewife

School Jr. H. S. 44 Bx Term 8 B
What hours are you in school? From 9:00 To 3:00
Will this be your schedule next term? Yes ☒ If not, what will it be? _____
To what affiliated club do you belong? A. C. S. S.
Where 310 Fifth Ave Name of Sponsor Mr. H. Platt

How long does it take to get to the Lab. from your school 1 hr from home 1 hr

When would you like to come to the Lab.? (Days and hours) Tuesdays & Thursdays Nights

What days and hours are best for you to come for an interview? Tuesday night

What Science and Shop Courses have you taken since the 8th Grade? General Science, Bacteriology under B. Pirofsky

What branches of Science interest you most? Bacteriology, Viruses, Biology

What is your ambition? (What do you hope to be?) Head of the Rockefeller Institute for Medical Research and General Biology

- ** What scientific studies or research activities are you now engaged in? - None
- ** If given an opportunity to experiment at the Laboratory, what would you like to do? (Tell complete story -- include diagrams, etc. anything that will present a clear picture of your plans.)
- ** What special equipment, apparatus, supplies, and reference material, etc. will you need? (Give cost of each item wherever possible.)

Send a letter describing your Laboratory plans together with this application and the additional sheets to:

Mr. Henry Platt